

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION Telephone: (919) 661-5980

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

PERSONAL HISTORY STATEMENT

NOTE: This form is **NOT** designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a **CERTIFIED** position should complete this form prior to the beginning of his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Legibly fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank. **NOTE**: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

NOTE: The Social Security Number is used to make positive identification of applicant and/or criminal justice personnel. **DISCLOSURE IS VOLUNTARY**. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Posi	ition(s) applied for:			
Loca	ation:	Date:		
PEF	RSONALINFORMATI	ON		
1.	Name First	Middle	Last	2. Social Security Number
	All Previous Names			
-	Nicknames or Aliases			
3.	Present Mailing Address	Street & Number	City	County/State Zip Code
	Permanent Mailing Addr	ress Street & Number	City	County/State Zip Code
	Telephone Number: Hon	ne:		Work:
	Cell Phone:		E-mail address:	
4.	Date of Birth:		5. Place of Birth:	
6.	Citizenship: U.S.	Born U. S. Natural	ized Othe	r-Specify
EDU	UCATION			
7.	If you did not graduate fi	rom high school, have you par	ssed the General E	ducation Development (GED) Test?
If	yes, when and where did	you complete the GED?		

EMPLOYMENT

8.	Have you previously submitted an application for employment with this agency?		
	☐ Yes ☐ No Approximate date:		
9.	Have you ever been denied employment by a criminal justice agency?	Yes	☐ No
	If yes, list agency and reason given:		_
10.	Have you ever been terminated or asked to resign from any employment?	Yes	□ No
	If yes, provide details:		
11.	Do you object to wearing a uniform?	Yes	No
12.	Do you object to working nights?	☐ Yes	☐ No
13.	Do you object to working rotating shifts?	Yes	☐ No
14.	Do you object to traveling out of town for overnight stays for training or other temporary assi	gnments?	☐ No
15.	Do you object to working in other counties within this district or to being assigned to perform job?	n various fur	nctions of the
16.	Will the job you are applying for be your primary employment?	Yes	☐ No
	If no, list other employers:		
FA	MILY HISTORY		
17.	Is any member of your family now under the jurisdiction of the Juvenile Court or in the cust Juvenile Justice and Delinquency Prevention?	ody of the D	epartment of No
	If yes, give name(s) and details:		

RESIDENCES

18. List your residential addresses for the past ten years starting with present address at top:

	From:		0:	Street Address	City/State	1)	Landlord
M	o. Yr.	Mo.	Yr.	(Include county)	(Include zip co	<u>de) (1</u>	if applicable)
19.	•	ver in the	e U.S. M	ilitary Service or any other military o	rganization?	Yes	□No
NU	ore: If you a	nswerea	yes to It	em 19, answer questions 20-23.			
20.	Was your la If no, was it				☐ Dishonorable?	Yes	☐ No
21.	judicial pun	ishment	(Captain	led, tried on charges, or were you to a series of the seri			
22.	List any disc	ciplinary	action to	aken against you in the National Guar	rd or other reserve unit:		
23.		-		ber of the National Guard or any m		the unit, the	e location and

USE OF ALCOHOL OR DRUGS

	PTE : In questions 24, 25, 26 and 27, the words drink or used mean "one time or more, including answer is yes, give full and complete details.	ng experimer	ntation." If
24.	Do you drink alcoholic beverages?	Yes	☐ No
	If yes, to what degree?		
25.	Have you ever used marijuana?	Yes	□ No
	If yes, what were the circumstances?		
	When was the last time you used marijuana?		
26.	Have you ever used any other illegal drugs, including but not limited to: opiates, pills, her Ecstasy, etc. If yes, what were the circumstances?	roin, cocaine	, crack, LSD,
27.	When was the last time?		
	If yes, what were the circumstances?	☐ Yes	□ No
	When was the last time?		

CRIMINAL OFFENSE RECORD

NOTE: In the following questions, include all offenses other than minor traffic offenses. The following are **NOT** minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), and failure to stop in the event of an accident, driving while license permanently revoked and speeding to elude arrest.

Answer all of the following questions completely and accurately. **Any falsifications or misstatements of fact may be sufficient to disqualify you.** If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life, or whether an offense remains on your record, you should answer "Yes." You should answer "No," **ONLY** if you have never been arrested or charged, or your record was expunged by a judge's court order.

28.	Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" includes being issued a citation or criminal summons.)					
	If yes, give details:					
A.	Offense Charged:		Law Enforcement Agency:			
	Date:	Disposition of Case:				
B.	Offense Charged:		Law Enforcement Agency:			
	Date:	Disposition of Case:	-			
C	Offense Charged:		Law Enforcement Agency:			
	Date:	Disposition of Case:				
D.	Offense Charged:		Law Enforcement Agency:			
	Date:	Disposition of Case:				
E.	Offense Charged:		Law Enforcement Agency:			
	Date:	_				
F.	£					
		-				
	(Attach extra sheets, if necessary)					
29.	Have you ever been charged with or c If yes, give details:		Yes	☐ No		
	If yes, give details.					

30.	Have you ever been placed on probation?	Yes	☐ No
	If yes, give details:		
31.	Have you ever been required to pay a fine in excess of \$100.00?	Yes	☐ No
	(this does not include court costs) If yes, give details:		
DR	IVING RECORD		
32.	Can you operate a motor vehicle?	Yes	☐ No
33.	Do you possess a valid driver's license from the State of North Carolina?	Yes	☐ No
	Driver's License Number Year Issued		
34.	Do you possess a driver's license from any other state?	Yes	☐ No
	If yes, give state and License Number		
35.	Was your license ever suspended or revoked? If yes, give details:	Yes	□No
	Was your license ever restored? When?	Yes	☐ No
	When:		
37.	Have your driving privileges ever been restricted by a court? If yes, give details:	Yes	☐ No
	J ==, B • ========		

SPECIAL SKILLS

	List special skills, training, areas of experience, other than those listed on the state application, which may be useful in the performance of the duties of the position for which you have applied:				
REFERENCES					
39. Give the names of five responsabout your character, ability, e			past employers, who cou	ald provide information	
Name		Address		Telephone	
CT LTE OF MODELL GAROLINA					
STATE OF NORTH CAROLINA					
COUNTY OF					
I hereby certify that each and emisstatement or omission of inforcontinuing duty to update all inforthe North Carolina Criminal Just occurrences after the signing of this	mation will subject mation contained in ice Education and	me to disqualific this document. I	ation or dismissal. I als	so acknowledge that I have a loying agency and forward to	
This is the day of	,20				
This is theday of			(Signature in full)		
Subscribed and sworn to before me	e, this the	day of	,20		
Notary Public (Official Se	al)				
My Commission Expires	,20				